

FEB 20 2007

200 West Madison Street
Suite 2100
Chicago, Illinois 60606

312.214.7770 tel
312.214.7715 fax

Ryndak & Suri LLP

Fax

To: Examiner Julie Lieu From: James D. Ryndak

Fax: 571-273-8300 Pages: 15 including cover sheet

Phone: 571-272-2978 Date: 02/19/2007

Re: Appl. No. 10/627,909 Client/Matter No.: 40164-10009

Urgent For Review Please Comment Please Reply Please Recycle

• **Comments:** Please see attached Amendment D.

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PTO/SB/21 (09-08)

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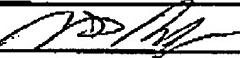
Total Number of Pages in This Submission

Application Number	10/627,909
Filing Date	07/25/2003
First Named Inventor	Robert S. Fielmann
Art Unit	2612
Examiner Name	Julie Bichngoc Lieu
Total Number of Pages in This Submission	14
Attorney Docket Number	40184-10009

ENCLOSURES (Check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form	<input type="checkbox"/> Drawing(s)	<input type="checkbox"/> After Allowance Communication to TC
<input checked="" type="checkbox"/> Fee Attached	<input type="checkbox"/> Licensing-related Papers	<input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences
<input checked="" type="checkbox"/> Amendment/Reply	<input type="checkbox"/> Petition	<input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief)
<input type="checkbox"/> After Final	<input type="checkbox"/> Petition to Convert to a Provisional Application	<input type="checkbox"/> Proprietary Information
<input type="checkbox"/> Affidavits/declaration(s)	<input type="checkbox"/> Power of Attorney, Revocation	<input type="checkbox"/> Status Letter
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<input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53		
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Ryndak & Suri LLP		
Signature			
Printed name	James D. Ryndak		
Date	02/19/2007	Reg. No.	28,754

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:

Signature			
Typed or printed name	James D. Ryndak	Date	02/19/2007

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FEB 20 2007

FTO/SB/17 (02-07)

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Effective on 12/06/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2007

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

510.00

Complete If Known

Application Number

10/627,909

Filing Date

07/25/2003

First Named Inventor

Robert S. Fielmann

Examiner Name

Julie Bichngoc Lieu

Art Unit

2612

Attorney Docket No.

40164-10009

METHOD OF PAYMENT (check all that apply)
 Check Credit Card Money Order None Other (please identify): _____

 Deposit Account Deposit Account Number: 50-0503 Deposit Account Name: Ryndak & Suri

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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 Charge any additional fee(s) or underpayments of fee(s) Credit any overpayments

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FEES CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity	Fee (\$)	Small Entity	Fee (\$)	Small Entity	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Small EntityFee (\$)

50 25

Each independent claim over 3 (including Reissues)

Fee (\$)

200 100

Multiple dependent claims

Fee (\$)

360 180

Total ClaimsExtra ClaimsFee (\$)Fee Paid (\$)

$$- 20 \text{ or HP} = \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} = \underline{\hspace{2cm}}$$

HP = highest number of total claims paid for, if greater than 20.

Multiple Dependent ClaimsFee (\$)Fee Paid (\$)Indep. ClaimsExtra ClaimsFee (\$)Fee Paid (\$)

$$- 3 \text{ or HP} = \underline{\hspace{2cm}} \times \underline{\hspace{2cm}} = \underline{\hspace{2cm}}$$

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

$$\text{Total Sheets} \quad \text{Extra Sheets} \quad \text{Number of each additional 50 or fraction thereof} \quad \text{Fee ($)} \quad \text{Fee Paid ($)}$$

$$- 100 = \underline{\hspace{2cm}} / 50 = \underline{\hspace{2cm}} \text{ (round up to a whole number)} \times \underline{\hspace{2cm}} = \underline{\hspace{2cm}}$$

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Fee Paid (\$)

Other (e.g., late filing surcharge): Three-month extension of time

510.00

SUBMITTED BY

Signature

Registration No.
(Attorney/Agent) 28,754

Telephone 312-214-7770

Name (Print/Type) James D. Ryndak

Date 02/19/2007

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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